

STATE OF MAINE
BOARD OF LICENSURE OF FORESTERS
35 State House Station Augusta ME 04333-0035
Office Phone (207) 624-8521 FAX (207) 624-8637

REGISTRATION OF UNLICENSED INDIVIDUALS

SUPERVISOR INFORMATION (please print or type)

NAME: _____

LICENSE NUMBER: _____

BY SUBMITTING THIS REGISTRATION, I UNDERSTAND THAT I AM OBLIGATED TO DIRECT AND SUPERVISE THE FORESTRY ACTIVITIES OF THE REGISTRANT(S) IDENTIFIED HEREIN. I ALSO UNDERSTAND THAT I AM RESPONSIBLE FOR ALL ACTIVITIES OF A REGISTRANT RELATING TO THE PRACTICE OF FORESTRY THAT ARISE FROM OR ARE RELATED TO THE EMPLOYMENT, PARTICULAR PROJECT, ASSIGNMENT, CONTRACT OR SUBCONTRACT RECORDED ON THIS REGISTRATION, WHETHER OR NOT SUCH ACTIVITIES ARE AUTHORIZED BY THE EMPLOYER, OWNER OR CONTRACTOR.

SIGNATURE OF SUPERVISING FORESTER

DATE

REGISTRANT INFORMATION (attach additional pages as necessary)

NAME: _____

HOME ADDRESS: _____

HOME TELEPHONE: _____

EMPLOYER: ☐ SUPERVISOR ☐ SUPERVISOR'S EMPLOYER

☐ OTHER (NAME AND ADDRESS) _____

IS THE REGISTRANT A REGULAR EMPLOYEE OF THE EMPLOYER DESIGNATED ABOVE? YES ☐ NO ☐ IF NOT, PLEASE SUPPLY THE FOLLOWING ADDITIONAL INFORMATION FOR THIS REGISTRANT:

GEOGRAPHIC AREA(S) OF EMPLOYMENT:

DESCRIPTION OF ANTICIPATED ACTIVITIES:

PARTICULAR PROJECT, ASSIGNMENT, CONTRACT OR SUBCONTRACT THE REGISTRANT WILL BE WORKING ON OR UNDER:

ANTICIPATED WORK HOURS:

ANTICIPATED DURATION OF EMPLOYMENT:

REGISTRANT INFORMATION (attach additional pages as necessary)

NAME: _____

HOME ADDRESS: _____

HOME TELEPHONE: _____

EMPLOYER: ☐ SUPERVISOR ☐ SUPERVISOR'S EMPLOYER

☐ OTHER (NAME AND ADDRESS) _____

IS THE REGISTRANT A REGULAR EMPLOYEE OF THE EMPLOYER DESIGNATED ABOVE? YES ☐ NO ☐ IF NOT, PLEASE SUPPLY THE FOLLOWING ADDITIONAL INFORMATION FOR THIS REGISTRANT:

GEOGRAPHIC AREA(S) OF EMPLOYMENT:

DESCRIPTION OF ANTICIPATED ACTIVITIES:

PARTICULAR PROJECT, ASSIGNMENT, CONTRACT OR SUBCONTRACT THE REGISTRANT WILL BE WORKING ON OR UNDER:

ANTICIPATED WORK HOURS:

ANTICIPATED DURATION OF EMPLOYMENT:

REGISTRANT INFORMATION (attach additional pages as necessary)

NAME: _____

HOME ADDRESS: _____

HOME TELEPHONE: _____

EMPLOYER: ☐ SUPERVISOR ☐ SUPERVISOR'S EMPLOYER

☐ OTHER (NAME AND ADDRESS) _____

IS THE REGISTRANT A REGULAR EMPLOYEE OF THE EMPLOYER DESIGNATED ABOVE? YES ☐ NO ☐ IF NOT, PLEASE SUPPLY THE FOLLOWING ADDITIONAL INFORMATION FOR THIS REGISTRANT:

GEOGRAPHIC AREA(S) OF EMPLOYMENT:

DESCRIPTION OF ANTICIPATED ACTIVITIES:

PARTICULAR PROJECT, ASSIGNMENT, CONTRACT OR SUBCONTRACT THE REGISTRANT WILL BE WORKING ON OR UNDER:

ANTICIPATED WORK HOURS:

ANTICIPATED DURATION OF EMPLOYMENT: